



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748

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EXECUTIVE COMMITTEE MEETING MINUTES

April 25, 2016

Approved
5/23/2016

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Brad Land, <i>Co-Chair</i>	Grissel Granados, MSW	Jeff Bailey	Cheryl Barrit, MPIA
Ricky Rosales, <i>Co-Chair</i>	Terrell Winder	Jason Brown	Carolyn Echols-Watson, MPA
Al Ballesteros, MBA		Edd Cockrell	Dawn McClendon
Joseph Cadden, MD		Moroni Cortez	Jane Nachazel
Kevin Donnelly		Joseph Green	Doris Reed
Michelle Enfield		Katja Nelson	James Stewart
Aaron Fox, MPM		Michael Pitkin	
Anthony Mills, MD		Terry Smith, MPA	
Mario Pérez, MPH			DHSP STAFF
Juan Rivera			None
Kevin Stalter			

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- 1) **Agenda:** Executive Committee Meeting Agenda, 4/25/2016
- 2) **Minutes:** Executive Committee Minutes, 3/28/2016
- 3) **Overview:** Collective Impact Overview, 4/25/2016
- 4) **Policy/Procedure:** #06.1000: Bylaws of the Los Angeles County Commission on HIV, 7/11/2013
- 5) **Table:** Commission on HIV/DHSP Work Plan, 4/25/2016
- 6) **Report:** Operations Committee Executive Meeting Report, 4/25/2016
- 7) **Application:** Majel Arnold, MS-HSA, 4/25/2016

1. **CALL TO ORDER:** Mr. Land called the meeting to order at 1:00 pm.
2. **APPROVAL OF AGENDA:**
MOTION 1: Approve the Agenda Order (***Passed by Consensus***).
3. **APPROVAL OF MEETING MINUTES:**
MOTION 2: Approve the 3/28/2016 Executive Committee meeting minutes, as presented (***Passed by Consensus***).
4. **PUBLIC COMMENT (*Non-Agendized or Follow-Up*):**
 - Mr. Pitkin acknowledged the Commission was prohibited from engaging in procurement issues, but suggested it would be beneficial to become educated on the concept of teaming, an alternative to subcontracting.
 - He also advocated for LGBT organizations developed in the wake of HIV to address rebranding in order to retain talent after an HIV cure. Native American Nations might offer a model, e.g., with Federal level agencies and targeted contracts.
5. **COMMITTEE COMMENT (*Non-Agendized or Follow-Up*):**
 - Dr. Cadden provided an update regarding concerns raised at the last Commission about potential loss of services at the Rand Schrader Clinic, 5p21, LAC+USC The County is requesting a reduction of five or six F items now filled by contract

physicians. That would require re-assigning 200 to 250 patients to other providers. Most affected patients attend the evening clinic so either the clinic would need to close or daytime providers' schedules would need to change significantly.

- No final reduction decision has been made. Dr. Cadden was optimistic that management was willing to work through some of their budget constraint concerns and the Clinic's concerns about continuing need in hopes of expanding both LAC+USC and Clinic services. He anticipated discussions with the Chief Medical Officer that week and hoped to speak thereafter with Dr. Mitchell Katz, Director, Department of Health Services (DHS). He will continue to provide updates.

6. DIVISION OF HIV and STD PROGRAMS (DHSP) REPORT:

- Mr. Pérez, Director, reported he had negotiated a meeting on 5/6/2016 at 2:00 or 3:00 pm with Emily Hyzurich, Assistant City Manager, City of Los Angeles. She supervises Abigail Marquez in her role with the City's Department of Housing. Ms. Marquez supervises Amelia Molina, Interim HOPWA Manager. Commission Co-Chairs' attendance would help DHSP outline the need to quickly revitalize work started with Suzette Flynn tied to several deliverables. He felt Los Angeles Countywide HOPWA Advisory Committee (LACHAC) leadership should also attend to provide more depth than a simple orientation.
- There are a few pressing issues especially HOPWA contracts that DHSP can assume so HOPWA can buy more of other services. Addressing those items with clear benchmarks to track progress are key goals for the meeting.
- The Health Resources and Services Administration (HRSA) has moved its deadline for submission of the Ryan White Part A application to October 2016. Last year it was due in August so this provides more time to address this year's complexities.
- DHSP was continuing to make progress in its development of a framework for a plan to reduce HIV burden in the County. Mr. Pérez will facilitate a highly structured meeting on 4/26/2016 with staff to address several domains such as financing, service expansion, service capacity, evaluation and accountability. Information will inform development of a discussion guide. DHSP also plans to work with Commission leadership to determine how best to elicit community partner feedback. The next scheduled meeting with Commission leadership will be a 5/4/2016 conference call, moved up from 5/28/2016.
- PrEP enrollment continues to increase at Dr. Ruth Temple Health Center to 36 as of 4/22/2016. The North Hollywood site has 64 people enrolled. DHSP was training staff from two more sites: Central Health Center and Curtis Tucker Health Center. A training date was not yet set for staff at Martin Luther King Jr. Community Hospital, but was being negotiated.
- DHSP was working closely with the PEP/PrEP Work Group. A PrEP social marketing campaign has been created and feedback from targeted consumers has been very positive. Several May 2016 dates have been identified for a full rollout with a press release. Dates are being shared with several advocate partners from the PEP/PrEP Work Group. The goal is to rollout in time for DragCon, followed by Long Beach Pride and LA Pride.
- DHSP was also working with dating apps to establish baselines on PrEP awareness, interest and enrollment to better inform social marketing. The goal is a few thousand respondents in the next few weeks with 400 recruited in the last four days.
- ➡ DHSP will develop an agenda with input from all parties for the 5/6/2016 meeting on HOPWA issues.

7. EXECUTIVE DIRECTOR'S REPORT:

A. Leadership Training:

- Ms. Barrit noted the Collective Impact Overview in the packet. The model for addressing complex social issues has been presented at several Committees with the intent to introduce the concept.
- The five key concepts are: a common agenda for change, collecting data and measuring results consistently, mutually reinforcing activities, open and continuous communication, and a backbone organization(s) with staff and a specific set of skills to serve the entire initiative and coordinate participating organizations and agencies.
- She was using the framework to assist some of the Caucuses still in their nascent stages to help them launch. The Commission has some, though not all, model elements, but could develop its capacity. The model could be very helpful for the Commission and its partners in developing an aggressive countywide and statewide approach to ending HIV.
- Mr. Fox added the recent meeting in Sacramento essentially launched the statewide integrated plan. The City of San Francisco was using the collective impact model for its plan to end HIV.
- Mr. Pitkin felt it important to maintain the LGBT identify and history with HIV as the effort to end HIV broadens.

(1) Conflicts of Interest: Ms. Barrit noted the pertinent Bylaws section in the packet as a reminder of Commission responsibilities regarding funding and advisory activities. One of the decision check questions also addresses the issue.

(2) Code of Conduct:

- Ms. Barrit reminded the full Commission of the Code of Conduct last month and repeated that reminder. She will not tolerate vulgarity or four-letter words. It has no place in this room, in the Commission or in our lives.
- It is part of her role as an Executive Director to call it out as it diminishes Commission credibility and the power and intent behind it. People may withdraw to vent, but we must be careful in how we represent the Commission.

- B. Commission/DHSP 2016 Work Plan:** Ms. Barrit noted the Work Plan is an overview of ongoing work in coordination with DHSP. Notes were being updated with completed items checked off. The Work Plan does not reflect regular operational work, e.g., Committee and Task Force support and work deferred pending arrival of the Executive Director.
- C. OA Integrated HIV Prevention and Care Plan: Southern California Regional Community Meeting:**
- Ms. Barrit noted OA requested the Commission co-host a Southern California Regional Community meeting similar to one for Northern California. She and Ms. McClendon requested OA hold 5/9/2016. A 4/26/2016 call was planned with OA to confirm the date, review logistics and request an agenda. The Music Center was identified as a probable location.
 - She noted some other meetings were scheduled for 5/9/2016 and may need to be adjusted depending on OA's agenda. The office will also be reaching out to other Southern California areas to encourage good attendance.

8. CO-CHAIRS' REPORT:

A. Meeting Management:

- Mr. Land said meeting management was an ongoing issue. This discussion was to spur consideration of improvements.
- ➡ Options noted for more consideration include set agenda times, speaking times and adherence to speaking turn limits.

(1) Public Comment:

- Mr. Land noted some changes were made to improve meeting flow including moving Public Comment to the end of the agenda. The Commission needs to hear from the public, but often members leave or leave their seats near the meeting's end. That is disrespectful to the public and makes it difficult for the Co-Chairs to effectively manage remaining items. As the leadership team, he urged Executive members to stay seated and urge others to do so.
- Mr. Cockrell noted listening session attendees are invited to attend the Commission to express their perspectives. He felt their time was not respected at the last Commission by restricting it to one minute. Several people felt rushed. If time is short, limit that of Commission members since they have ongoing access, e.g., to DHSP.
- Mr. Stewart reminded all that if a member does not like a ruling of the Chair, s/he can say, "I appeal the ruling of the Chair." The member does not need to be recognized by the Chair to make the appeal. The appeal needs to be seconded. Once seconded, the body as a whole makes the decision.
- Mr. Fox noted extended member comments often cause meetings to run over. He urged self-discipline. Ms. Granados agreed and felt it created disparity for members to have more time to speak than the public.
- Mr. Cockrell felt the last meeting went over after the DHSP report with follow-up questions. The Commission voted to limit members to two questions unless the body approved a third round, but he felt that was not followed.
- Mr. Stewart said most meetings of most bodies run over because people reiterate what has already been said. He suggested a member consider whether what s/he had to say would change opinions or a vote. If not, do not speak.
- He added "suggested" agenda times could be "adopted" requiring a vote to extend. It raises consciousness of time.
- Mr. Land noted another option would be for Committee Co-Chairs to submit a written report for routine items. Limiting their verbal report to items that warrant discussion could streamline meeting management.
- Dr. Mills felt members should stay seated, but a four-and-a-half hour meeting without a break was unreasonable. He felt Co-Chairs should call a 15 minute Recess at the appointed time regardless of discussion.
- Mr. Smith added it is disrespectful and distracting for members to engage in loud conversations on the side.
- Mr. Pérez heard competing sentiments. On one hand, it has been noted this is the only opportunity for some to interface with DHSP. On the other, it has been suggested there were too many questions after the DHSP report.
- He believed in basing decisions on Parity, Inclusion and Representation (PIR). Commission members have very different levels of understanding. His commitment to Parity means he often offers significant context. He could dramatically shorten his updates to six bullets and less than five minutes, but he did not think that would be in the spirit of PIR to ensure all at the table have all the tools, background and information to make informed decisions.
- He felt the Commission did not do enough work outside Commission meetings. Members, especially newer members, need a full orientation and working knowledge of key terms. He started his last prevention presentation with a list of 14 terms people need to know. He felt only three or four terms were well understood.
- He added he often steps away from his seat during presentations to be out of the way. He wants to hear what is happening, but people come up to him. He will acquiesce to what the body prefers regarding the DHSP report, questions and answers, brevity of his comments, and where he stands to do his fair share.
- Commission meeting norms were in their infancy and he felt they would improve. He did note the Commission spent 72 minutes on the first two items and then limited Public Comment to 60 seconds. He felt that was unfair.

- Ms. Enfield suggested more experienced Commission members help mentor newer members after the meeting, e.g., they could discuss what was learned and answer questions. Mr. Cockrell added Operations had discussed a mentorship proposal from a consumer Commission member. That could be re-emphasized.

(2) Quorum:

- Mr. Stewart said quorum for the Commission is a majority of seated members, i.e., one whole number above 50%. *Robert's Rules of Order* allows bodies to set quorum at any reasonable level, but is superseded by the Brown Act.
- Under the Brown Act, no covered body can do anything without quorum. The rule is absolute for elected bodies which may not even entertain discussion without quorum. It is less strict for bodies such as the Commission which can engage in discussion, hear presentations or take public comment, but cannot make decisions without quorum.
- One rule allows a meeting that established, then lost, quorum to continue business unless someone notes the loss. He recommended not using the rule for important matters, e.g., allocations, but only for procedural topics.
- One reason for roll call at both the start and end of Commission meetings is to confirm quorum was maintained.
- He felt the biggest Commission issue was members who leave near the end of the meeting. The meeting is not over until the final roll call. If it does not reflect quorum, the meeting may need to be stopped.
- Mr. Cortez urged members to announce if they leave, e.g., for another meeting, when a meeting is extended.

9. INTEGRATION ADVISORY BOARD (IAB) REPORT:

- Mr. Fox reported the next meeting will be 4/27/2016 at the County Hall of Administration. Mr. Brown was elected to the Commission's consumer representative seat at its 4/14/2016 meeting and has been seated.
- The IAB's first report was submitted to the Board of Supervisors and included in the Commission's April packet.
- Dr. Katz responded by letter affirming he read the report and committing to attend the next meeting to present on the larger vision for the Health Agency. It will be his first meeting. The IAB has sought a better understanding of the vision and will devote most of the meeting to Dr. Katz's presentation and questions. Committee reports will constitute the remainder.
- Minutes are posted after approval by the Board. They can also be requested by emailing Commission Services.

10. STANDING COMMITTEE REPORTS:

A. Planning, Priorities and Allocations (PP&A) Committee:

- Mr. Ballesteros said PP&A reviewed the Framework for the Priority- and Allocation-Setting Process. A PowerPoint breaks down actions by month to guide the Process. Tentative agreement was reached on the Framework which will be updated per the discussion prior to Commission presentation for approval.
- Ms. Enfield added PP&A discussed materials to inform the Process. DHSP and the CHP Task Force will report in May.

(1) Comprehensive HIV Plan (CHP) Task Force: The Task Force will meet 5/3/2016, 1:00 to 3:00 pm. Its Community Engagement Committee will hold a conference call that morning. Contact Mr. Cockrell for the number.

(a) Listening Session - SPA 1:

- Mr. Smith said the SPA 1 session, 5/2/2016 at Tarzana Treatment Center, will be the last of the first tier of four sessions. Sessions for two more tiers of targeted population are planned in future.
- Mr. Cockrell said the SPA 1 event was the only SPA-specific session. The Task Force was co-hosting with Operations to support Commission recruitment. The session will be followed by a presentation on DHSP-funded SPA 1 services and a meet and greet to foster feedback. Contact Ms. McClendon to RSVP.
- Sessions have been well received and many participants have come to Commission and Committee meetings.

(b) 4/29/2016 Data Summit:

- Mr. Smith said the day-long Summit will start with an overview of data and epidemiology terminology and review of data sources and data sets including how they are used to create models, e.g., the PrEP Cascade.
- He and Mr. King will lead small groups in the afternoon to analyze sections of the 2014 Surveillance Report and have attendees report back. The exercise was designed to acclimate people to working with data.
- This will not be the sole Data Summit, but will serve to launch ongoing training on the subject.

B. Standards and Best Practices (SBP) Committee: Ms. Granados announced Dr. Cadden was elected Co-Chair on 4/7/2016. Terry Smith, MPA was also joining SBP so voices at the table will be more diverse and it should be easier to achieve quorum.

(1) Quality Improvement (QI): Lisa Klein, RN, MSN, CPHQ, Chief, Quality Management (QM), DHSP, presented a PowerPoint on the QM Unit structure, staff and responsibilities. The presentation will help inform SBP QI activities.

(2) Prevention Standards: Ms. Barrit has completed a Request For Proposals (RFP) to contract a writer and Expert Review Panel facilitator to support development of Prevention Standards and Special Population Guidelines.

(3) Special Populations Guidelines: Transgender, Women, Youth and Post-Incarcerated: There was no other discussion.

C. Operations Committee: Mr. Donnelly reported five items would move to the Commission for approval including those below, a revised Commission application form and new Commission member self-evaluation.

(1) Membership Management:

- Mr. Donnelly said all but three Commission members have submitted the survey of HRSA-required information.
- Commission members whose terms end in June 2016 will receive an email requesting they identify if they plan to submit renewal applications. Operations members will follow-up with either a renewal or exit interview.
- The Commission and Operations Co-Chairs will use survey and renewal information to review openings and potential placements. Candidates interviewed over the last few weeks will be seated with the full slate.
- Interview questions and scoring sheets will be finalized and adopted at the May Operations meeting. Interviews will start in June with the slate brought forward for approval at the July Commission meeting for seating in August.
- A new Welcome Packet Work Group is developing materials to assist new members acclimate to the Commission.

(a) Application(s):

i) Majel Arnold, MS-HSA - Part B:

- Mr. Pérez said historically there have been appeals for the State Office of AIDS (OA) Part B representative to have some physical presence, but with little success. He asked about representative expectations, e.g., whether that is just a brief phone call at Commission meetings or at least quarterly attendance. He felt this was part of the overall relationship with OA and an opportunity to improve the exchange.
- Mr. Fox noted the application was not filled out so should be returned. Ms. Barrit had spoken with her and advised sending a Curriculum Vitae (CV). She felt Ms. Arnold was willing to learn about expectations.
- The Commission's duty statements are due for revision and expectations could be revised, if desired.
- Mr. Pérez felt Executive should confirm what it expects of its State partners. In 2016 California, OA is holding regional conversations on a plan to end AIDS and hosting meetings at Charles Drew University.
- Why then would OA select someone new to interface with the County that carries the largest disease burden of the State epidemic at 45%. The County should command the attention of Dr. Karen Mark or one of her chief deputies who is very well-informed and able to engage right away. At this juncture, a more sophisticated level of engagement was warranted out of respect for the County and the times.
- Separately, Mr. Pérez has asked Dr. Michael Green, Chief, Planning, DHSP, to arrange a call with Dr. Mark prior to the regional meeting in Los Angeles to discuss shared responsibility for planning and coordination.
- Mr. Fox noted OA usually offers the person responsible for Part B, not someone with a holistic knowledge of care, prevention and surveillance. That may have been appropriate once, but now more is needed.
- Mr. Stewart said there is little choice in accepting institutional seat candidates, but there is an opportunity to negotiate the relationship. In the past, the representative came each month though mainly to offer the report. The distance is a barrier to active involvement. A State moratorium on travel ended the practice.
- Dr. Mills and Mr. Cockrell suggested Ms. Barrit welcome her, but ask for her CV, discuss her background with HIV, how she can best be involved with the Commission and expectations.
- Mr. Rivera felt the Commission also bears responsibility. OA calls in, gives their report and comments on little else. There has been no pressure from the Commission to be more engaged.
- Mr. Pérez said this discussion suggested to him that the Commission would benefit by reviewing several institutional seats, e.g., HOPWA seat succession planning is being explored now. The Medicaid seat, historically vacant, is one of the most crucial seats to fill with a seasoned, informed representation given the conversation on the plan to end AIDS. More active participation from a range of institutions is needed.
- Dr. Mills said he reached out to OA after the Commission's discussion on ending AIDS. He would be in San Francisco that week and offered to visit. He felt the relationship was poor and needed to be improved.
- Mr. Pérez offered to have a joint conversation with Ms. Barrit, Dr. Mark and her team to honestly explore mutual expectations. Such a conversation could be a blueprint for discussions with, e.g., the State Department of Health Care Services and the City of Los Angeles HOPWA at the 5/6/2016 meeting.
- Mr. Ballesteros attended the meeting at Charles Drew University. The State previously funded prevention, but cut the last funds in 2009 after several years of progressive cuts. State attendees did not recall that, but should be respectfully reminded. Increased infections should not be surprising when funds are cut.
- ➡ Mr. Fox will provide Mr. Ballesteros information on the history of State cuts to prevention funding.

- ➡ Ms. Barrit will contact Ms. Arnold to obtain her CV and discuss Commission expectations. and will coordinate with Commission Co-Chairs and DHSP on improving dialogue overall.

MOTION 3: Approve Majel Arnold, MS-HSA, State Office of AIDS representative, to the Part B seat, as presented (**Passed by Consensus**).

(2) Policies and Procedures:

- Ms. Barrit noted revisions from that morning's Operations meeting were not yet incorporated, but the Policies/Procedures did need to go forward to the May Commission meeting in preparation for Open Nominations.
- ➡ Distribute final Policies/Procedures to Commission members prior to the May meeting for their review.

(a) Commission Membership Evaluation and Nomination Process (revised):

MOTION 4: Approve the revised Commission Membership Evaluation and Nomination Process policy, as finalized (**Postponed**).

(b) Commission Sponsorship of Events:

MOTION 5: Approve the Commission Sponsorship of Events policy, as presented (**Postponed**).

D. Public Policy Committee: Mr. Fox announced Public Policy would meet 4/26/2016 at 10:00 am. Its regular meeting has changed to the first Monday of the month, 1:00 to 3:00 pm, starting on 6/6/2016.

(1) 2016 Proposed Legislative Agenda:

- Mr. Fox noted Public Policy would vote on its Legislative Agenda at its 4/26/2016 meeting. Bills are already moving in the California Legislature including many HIV-related bills in the Senate and Assembly Health Committees.
- The Los Angeles LGBT Center is co-sponsoring a bill with AIDS Project Los Angeles (APLA) that would require those who administer HIV tests to provide written prevention information including PEP and PrEP to those testing HIV- as they now provide written information on treatment options for those who test HIV+. The hearing was lively and the bill passed out of the Assembly Health Committee on an 11 to 5 vote including one Republican.
- Other pertinent bill topics include: HIV specialists; routinizing HIV testing in Emergency Rooms; and on detention, access to HIV medications for undocumented individuals and nondiscriminatory treatment for trans individuals.
- Several bills that are not HIV-specific pertain to access to care in both private care and Medi-Cal, e.g., SB 10 is a continuation of the Health For All bill. Governor Brown opened Medi-Cal to undocumented children last year. SB 10 would require the Covered California Board to request a waiver from the Federal government to allow undocumented individuals to buy into the program although they would not be eligible for subsidies.
- The budget is also part of the Legislative Agenda. A 4/18/2016 Assembly budget hearing included well received support by HIV organizations for several proposals including:
 - ▶ Eliminate ADAP cost-sharing for those between 400% and 500% of Federal Poverty Level;
 - ▶ Expand full wrap-around payment of out-of-pocket costs from Covered California plans to include employer-based plans to aid consumers seeing costs shift to them from their employers;
 - ▶ \$1 million, likely in repurposed ADAP Rebate Funds, to initiate a PrEP affordability program to pay for physician visits, laboratory fees and, as payer of last resort, medication;
 - ▶ \$5.8 million to raise the AIDS Waiver Home Health Program rate, not increased in years, to stem the loss of providers due to the disproportionately low rate.
- ➡ Mr. Fox will forward available Medi-Cal Waiver fiscal analysis to Mr. Pérez.

(2) Housing Initiatives:

- Mr. Fox noted initial meetings on the Los Angeles County and State housing initiatives. The County has affordable housing and reducing homelessness initiatives. Public events as well as open public comment are planned.
- He spoke with Supervisor Kuehl's lead housing initiative staff and advised her that a letter was being submitted by the Commission and by several community groups. She was aware of that and had been in contact with the Los Angeles Countywide HOPWA Advisory Committee (LACHAC) concerning LGBT youth and PLWH.
- He also met with staff from the offices of State Senate President Pro Tempore Kevin de León and State Assembly Speaker Anthony Rendon about two weeks ago to stress the importance of addressing disproportionately affected populations. Both offices were at early development stages and reported numerous groups requesting carve-outs.
- The Senate proposes investing \$2 billion in affordable housing from Proposition 63, the Mental Health Services Act (MHSA), and a few hundred million in General Funds. A two-thirds Senate and House vote is needed to amend MHSA for housing and mental health services would need to be co-located. General Funds are easier to access and have fewer restrictions so can be used more creatively, e.g., to expand existing services or launch pilot projects.

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- Mr. Cockrell noted housing continues to be raised as an issue at the Commission. He was glad to hear Mr. Pérez report on the planned meeting, but felt the Commission should focus on a strategic, united effort with HOPWA.
- Mr. Rosales urged a focus broader than HOPWA. Both the City and County of Los Angeles have homeless plans. The AIDS Coordinator's Office is participating in an internal group formed by the City. It is working with a proposed budget of \$135 million, but is not addressing PLWH or the LGBT population.
- Mr. Bailey said APLA was one of three regional HOPWA centers with Tarzana Treatment Center and the Alliance for Housing and Healing. The Federal VI-SPDAT assesses need and now equates HIV with frostbite. A person must now also be chronically homeless for over 12 months to be eligible for many programs. That is a challenge for HOPWA because 75% of County HOPWA programming addresses those at risk of homelessness and prevention.
- These challenges highlight the need to address housing as a whole including County and City plans. The United Way also has a plan, but it focuses on families and veterans. There are many competing community interests. It will be difficult to influence the system, but the community can bring its heritage of advocacy to bear.
- ➡ Ms. Barrit and the Commission Co-Chairs will review expanding the Commission HOPWA Report to all housing.

11. CAUCUS REPORTS:

A. Consumer Caucus:

- Mr. Donnelly reported there were 14 members at the last Caucus meeting. Discussion included the role of the Commission, parliamentary procedures and rules of order, but the main topic was housing. The Caucus asked for HOPWA and Los Angeles Homeless Services Authority (LAHSA) meeting schedules in order to become more involved. Many consumer Commission members have been homeless at some point and one is at risk now.
- The Jail tour was being scheduled for June 2016. Those interested should contact Mr. Donnelly or Ms. McClendon.
- The Caucus will not meet in May due to the extended Commission meeting. Feel free to contact Co-Chairs Mr. Donnelly, Mr. Green or Sabel Samone-Loreca to follow-up on any additional subjects.
- ➡ Staff will obtain the HOPWA and LAHSA meeting schedules for the Caucus.
- ➡ Mr. Perez will facilitate a one-hour orientation on DHSP-funded services prior to the Jail tour to inform the visit. The system supports a broad range of services, but DHSP encouraged consumer feedback on what can be improved or streamlined. He will also ask front line staff what improvements they would like to see.

B. People of Color Caucus: The Caucus has not met since the last report.

C. Transgender Caucus: Ms. McClendon reported the Caucus was continuing work on its goals and objectives.

D. Youth Caucus: Ms. Granados reported the Commission colloquium was a success. The next meeting was being planned.

E. Women's Caucus: Ms. Reed reported the Caucus was continuing work on its goals and objectives.

12. NEXT STEPS:

A. Task/Assignment Recap: Ms. Barrit reviewed the action items.

13. ANNOUNCEMENTS: Mr. Pitkin felt Medical Care Coordination teams need to coordinate better with all medical care staff.

14. ADJOURNMENT: The meeting adjourned at 2:56 pm.